

## MONTGOMERY COUNTY STATE'S ATTORNEY'S OFFICE COMMUNITY OUTREACH UNIT TRUANCY PREVENTION PROGRAM VOLUNTEER APPLICATION

## PLEASE PRINT CLEARLY.

ALASE / II		\				
NAME: (as it appears in your driver's license)  First Middle Initial Last						
First Middle Illitial Last						
PHONE:			EMAIL:			
Cell						
Home						
Work						
STREET			City			
ADDRESS			State			
			Zip Code			
How did you hear about this volunteer opportunity?						
AGE:	GENDER:		DATE OF BIRTH:			
	Male	Female	Month	Day	Year	
RACE OR ETHN	NICITY: OPTIONAL			VETERAN		
Hispanic		Asian/Pacific Isl	lander 🔾	No 🔾	Yes	
Native Americ	an 🔵	Black or African	American		)	
White		Other				
PREFERRED POSITION			CURRENT STATUS			
Check all areas of interest			Employe	4	Unemployed	
Facilitator (				•		
Mentor (			Retired		Student	
Site Coordinat	or					
		:f!: -  Aff: :-+:	in a Cabani			
Company nam	ie with position/title	e if applicable; Affiliat	ion or School			
Educational Ba	ackground	Schools		Degree/Year	Earned	
Availability: Which days of the week are you available? What time?						
*check all that apply  Thursday  Thursday						
Monday Thursday						
Tuesday Friday						
Wednesday						

Please explain why you want to volunteer with the Truancy Prevention Program.					
Describe your life experiences, profession and volunteer work which you feel will contribute positively to your					
volunteer role with the Truancy Prevention Program.					
What would you hope to give to the middle	school children served by	the Truancy Prevention Program either as			
tutor, mentor or site coordinator?					
Have you ever been convicted of a crime?  If yes, when, and please explain:	Yes	No _			
, in yes, times, and please explains					
Commitment:	One semester	More than one semester			
* Note: 10-weeks to a semester	one semester	more than one semester			
Languages spoken:					
Emergency Contact Name:					
Relationship:					
Relationship.					
Cell Phone:	Home Phone:				

REFERENCES: Please provide contact information for three persons who have known you for at least two
(2) years and well enough to vouch for your character, professionalism, work ethic. If you are employed,
one of those persons must be your employer or supervisor. Reference will remain strictly confidential.

Printed Name	Signature	Date
		permission to the State's Attorney's Office to g, criminal background check, and child welfare
Relationship to Applicant:		
Company/Affiliation:		Email:
Name:		Daytime Phone:
nesseronant to Applicant.		
Relationship to Applicant:		
Company/Affiliation:		Email:
Name:		Daytime Phone:
Relationship to Applicant:		
Company/Affiliation:		Email:
Name:		Daytime Phone:
		·

<sup>\*\*\*\*</sup> Please read and sign the Volunteer Agreement at the back of this page \*\*\*\*

## **VOLUNTEER AGREEMENT:**

The mission of the Truancy Prevention Program (TPP) of the State's Attorney's Office (SAO) is to improve attendance of middle school children by discovering the root causes of truancy and assisting students and their families with issues that impact attendance. Through a ten-week program operated in conjunction with Montgomery County Public Schools, and a network of volunteers who mentor the youth, the Truancy Prevention Program is a voluntary and supportive program designed to keep children in school, families out of court, and improve the overall success of students.

The students enrolled in the TPP are minors. The State's Attorney's Office asks that our volunteers adhere to the highest code of ethics. TPP volunteers are expected to maintain appropriate and professional relationship with our students at all times.

If I am accepted as a TPP volunteer, I will not:

- Divulge or discuss information about clients and truancy proceedings, or in any way violate the family or child's confidentiality;
- Contact students directly outside of the sessions or volunteer duties or engage in any personal relationship with a child or their family and unless I have express permission from program staff;
- Use inappropriate language;
- Recommend, discuss, or refer a child or family to therapy, treatment plan, family services or the like (there are Counselors and Pupil Personnel Workers in the TPP team who are better equipped to make such recommendations);
- Make promises of service, give money, personal gifts or favors, or provide transportation to students or their families.

If I am accepted as TPP volunteer, I agree to:

- Commit to at least one semester (ten weekly meetings);
- Be punctual and regular in attendance; notify supervisor(s) in advance if I cannot work as scheduled;
- Not expect compensation as a result of my volunteer work;
- Provide my own transportation to and from the school sites for the TPP sessions and/or after school tutoring program;
- Notify my supervisor(s) of my plans to resign at least 2 weeks in advance;
- Attend orientation, participate in pre-service and in-service training;
- Report suspected child abuse and neglect to the TPP Judge or supervisor(s) if I suspect this to be occurring or has occurred;
- Submit to background checks as may be required by the State's Attorney's Office.

Printed Name Signature Date

THANK YOU for completing this application form, and for your interest in volunteering with us.

Please return the completed form to: